



# 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE

WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/21/2014

Business ID: 548042

William M. Gardner

Secretary of State

2MJ5 Holdings, LLC

376 South Main Street  
Manchester, NH 03101

## ADDRESS OF PRINCIPAL OFFICE:

376 South Main Street  
Manchester, NH 03101

## REGISTERED AGENT AND OFFICE:

Mobeen, Mohammad  
376 South Main St  
Manchester, NH 03102

ENTITY TYPE: LLC

BUSINESS ID: 548042

STATE OF DOMICILE: NEW HAMPSHIRE

Own, rent, lease, mortgage, buy, renovate, maintain, develop & sell

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address

☐ The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME ..... Mohammad Mobeen  
STREET ..... 376 South Main Street  
CITY/STATE/ZIP ..... Manchester NH 03102  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FORM IS A  
PUBLIC DOCUMENT AN  
REQUIRED INFORMATION



T1402335108

IF BECOME A  
DISCLOSURE  
WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO: